

# IATS<sup>®</sup>

**International Association  
of TheraPlate Specialists**

## CONSENT FORM

NAME: .....

- I agree for **COMPANY NAME** to give therapy to the above named person.
- Payment is due on delivery of service.
- The Theraplate is not suitable for the treatment of blood clots.
- I understand there may be temporary muscle soreness post therapy.
- I am aware that a Theraplate therapist does not diagnose illnesses, prescribe medications, manipulate the body or give medical advice.
- I am aware that the Theraplate may help improve certain conditions, however results are not guaranteed.
- I will tell my Theraplate therapist of any discomfort during the protocol.

I give permission for any images taken to be used for marketing purposes  
(cross out as needed)

Signature: .....

Date: .....

Address: .....

Telephone: .....

Email: .....